## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER AFTER 1"AMENDMENT AS FILED AFTER 2 MAMENDMENT .1"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>32</u> T TOTAL IND TOTAL IND. total dep \c. TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS

PTO - 1360 (REV. 11/04)

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